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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 9211

SERIAL NUMBER 09/549,972	FILING DATE 04/14/2000 RULE	CLASS 297	GROUP ART UNIT 3635	ATTORNEY DOCKET NO. M-8227US
APPLICANTS Charles Bluth, Incline Village, NV; James Bluth, Verdi, NV; Raymond G. Bryan, Reno, NV; Jim C. Lovell, Sparks, NV;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/26/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 26
			INDEPENDENT CLAIMS 3	
ADDRESS 24251				
TITLE HEALTH CARE KIOSK WITH HANDICAPPED ACCESSIBLE SEAT				
FILING FEE RECEIVED 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 09/549,972	FILING DATE 04/14/2000 RULE -	CLASS 297	GROUP ART UNIT 3636	ATTORNEY DOCKET NO. M-8227US
APPLICANTS Charles Bluth, Incline Village, NV; James Bluth, Verdi, NV; ** CONTINUING DATA ** <i>None</i> ** FOREIGN APPLICATIONS ** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/26/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>Ch. Koestner</i> Initials <i>CK</i>		STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 26
INDEPENDENT CLAIMS 3				
ADDRESS Ken J Koestner Skjerven, Morrill, MacPherson, Franklin & Friel 25 Metro Drive Suite 700 San Jose, CA 95110-1349				
TITLE Health care kiosk with handicapped accessible seat				
FILING FEE RECEIVED 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	